

Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC

March 12, 2025

[REDACTED], OWNER  
LEAH C ILGENFRITZ  
[REDACTED]

RE: LEAH'S VICTORIAN COTTAGE I  
511 PARK AVENUE  
SCOTTDALE, PA, 15683  
LICENSE/COC#: 42935

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/07/2025 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: LEAH'S VICTORIAN COTTAGE I License #: 42935 License Expiration: 12/02/2025  
 Address: 511 PARK AVENUE, SCOTTDALE, PA 15683  
 County: WESTMORELAND Region: WESTERN

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: LEAH C ILGENFRITZ  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 07/26/1995 Issued By: L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 16 Waking Staff: 12

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 01/07/2025

**Inspection Dates and Department Representative**

01/07/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 30 Residents Served: 16  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 0  
 Number of Residents Who:  
 Receive Supplemental Security Income: 16 Are 60 Years of Age or Older: 8  
 Diagnosed with Mental Illness: 16 Diagnosed with Intellectual Disability: 2  
 Have Mobility Need: 0 Have Physical Disability: 0

**Inspections / Reviews**

01/07/2025 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/26/2025

02/14/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 03/06/2025  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/18/2025

Inspections / Reviews *(continued)*

02/25/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 03/06/2025

Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 03/11/2025

03/12/2025 - Document Submission

Submitted By: [REDACTED] Date Submitted: 03/06/2025

Reviewer: [REDACTED] Follow-Up Type: Not Required

85a - Sanitary Conditions

1. Requirements

2600.  
85.a. Sanitary conditions shall be maintained.

Description of Violation

*At approximately 10:16 a.m., there were no paper towels, mechanical hand dryer or other sanitary means to dry hands in bathroom #2.*

**Plan of Correction** **Accept** (████ - 02/14/2025)

*Administrator placed paper towels in bathroom #2 on 01/07/2025. Administer will insure Maintenance and staff monitor bathrooms daily and document that paper towels are available for use. Staff was informed at Quilty Management Metting held on 01/23/2025 maintain and refill paper towels when needed.*

**Licensee's Proposed Overall Completion Date: 01/30/2025**

**Implemented** (████ - 03/12/2025)

85e - Trash Outside Home

2. Requirements

2600.  
85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

*The garbage dumpster was filled with trash and the lid was open approximately 8 inches.*

**Plan of Correction** **Accept** (████ - 02/14/2025)

*Administer called Waste Management and requested extra pick up on 01/07/2025. Administer will monitor dumpster daily and call Waste Management if extra pick up is needed.*

*Trash was removed 01/08/2025. Maintenance and staff were also informed at Quilty Management meeting on 01/23/2025 to monitor dumpster to ensure of overflow and lids are kept closed.*

**Licensee's Proposed Overall Completion Date: 01/30/2025**

**Implemented** (████ - 03/12/2025)

100b - Removal Snow/Obstructions

3. Requirements

2600.  
100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

*At approximately 10:36 a.m., the snow was not removed from the walkway around the front door, the walkway around the back door, and the ramp to the smoking area.*

**Plan of Correction** **Accept** (████ - 02/14/2025)

*Administrator called for snow removal 01/07/2025 and snow was removed later afternoon 3:30pm on 01/07/2025. Administrator and Maintenance held snow removal meeting 01/23/2025 Maintenance agreed to be on call for snow removal to ensure sidewalks and walkways are priority and snow is removed ASAP Administer will monitor snow removal as needed*

100b - Removal Snow/Obstructions (continued)

Licensee's Proposed Overall Completion Date: 01/30/2025

Implemented ( ) - 03/12/2025

131f - Fire Extinguisher Inspection

4. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguisher in the smoking area was last inspected in September 2021.

Plan of Correction

Accept ( ) - 02/14/2025

Fire extinguishers that was outdated was removed 01/07 2025 from smoking area. The extinguisher was not required to be there. Administer will monitor fire extinguishers monthly to ensure they are in prober working order and placed were needed

Licensee's Proposed Overall Completion Date: 01/30/2025

Implemented ( ) - 03/12/2025

185a - Implement Storage Procedures

5. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #1's glucometer was not set to the correct time.

Resident #2 was ordered to have ( ) blood glucose measured daily. Staff do not record these readings.

Plan of Correction

Accept ( ) - 02/14/2025

Resident#1 glucometer was set to correct time 01/08/2025

Administer monitored the correction. Staff was retrained on 01/23/2025 at quilty management meeting making sure times are correct on a daily basis when recording readings. Administer will monitor weekly to ensure times are kept current.

Resident #2 glucose reading was recorded 01/08/2025 Administer monitored the correction. Hard copy's are available and manitory for recording glucose readings. Staff was informed at Quilty Management Metting 01/23/2025 record all readings as ordered by physician. A monthly meeting will be held by Administer to ensure instructions are implemented and correct.

Licensee's Proposed Overall Completion Date: 01/30/2025

Implemented ( ) - 03/12/2025

187a - Medication Record

6. Requirements

**187a - Medication Record (continued)**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

**Description of Violation**

*Resident #1 was prescribed Novolog twice a day in accordance to a sliding scale. Staff do not record the dose or time Novolog is administered to [REDACTED]*

*Resident #3 was prescribed Potassium Chloride 10meq – 1 tablet daily. This medication was not included on resident #3's January 2025 medication administration record (MAR).*

**Plan of Correction**

Accept [REDACTED] - 02/14/2025)

*Resident #1 glucose was recorded along with dose, and time on 01/08/2025. Administer monitored the correction. Hard copy's are available to trained staff for recording dose and time. Staff was informed at Quilty Management Meeting 01/23/2025 follow Physician instructions on recording dates and times when checking glucose. Administer will monitor recordings on a monthly basis in sure readings are being recorded according to Physicians orders.*

*Resident #3 Potassium medication was added to Mar on 01/07/2025 Administer monitored contact with pharmacy to ensure resident #3 potassium was added to MAR.*

*Staff was informed at Meeting held 01/23/2025 that all medications must be included on Mars. Trained staff are to report to Administrator if medication is not included on medication administered record. A monthly meeting will be held on medication training to ensure pharmacy and trained staff include all current medications are on MARS.*

**Licensee's Proposed Overall Completion Date: 01/30/2025**

Implemented [REDACTED] - 03/12/2025)

**187b - Date/Time of Medication Admin.****7. Requirements**

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

**Description of Violation**

*Resident #4 was prescribed Ariprazole 15mg – 2 tablets in the morning and Pregabalin 50mg – 1 capsule daily. These medications were not administered on 1-7-25 because they were not available in the home; however, staff initialed resident #4's January 2025 MAR as if it was administered.*

## 187b - Date/Time of Medication Admin. (continued)

**Plan of Correction**

Accept (█) - 02/25/2025)

Resident #4 Ariprazole and Pregabalin prescribed medication was ordered 01/07/2025 and was administered 8am 01/08/2025 to resident #4 and documented. Quilty Management Meeting held 01/23/2025 with trained staff to ensure medication directions are followed according to physician's orders. A monthly meeting will be held with Administrator to ensure instructions are followed and implemented on administering and documentation of medication. If medication is not available trained staff should not initial MAR book and report to Administer immediately that medication is not available for administration to resident Training was held 01/23/2025.

Licensee's Proposed Overall Completion Date: 02/18/2025

Implemented (█) - 03/12/2025)

## 187d - Follow Prescriber's Orders

**8. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

**Description of Violation**

Resident #1 was prescribed Novolog twice a day in accordance to a sliding scale which requires testing the resident's blood glucose. Staff tested resident #1's blood glucose once on 1/4/25 and 1/5/25.

Resident #4 was prescribed Aripiprazole 15mg – 2 tablets in the morning and Pregabalin 50mg – 1 capsule daily. These medications were not administered on 1-7-25 because they were not available in the home.

**Plan of Correction**

Accept (█) - 02/14/2025)

Resident #1 glucose readings were documented twice daily on 01/08/2025 Administer monitored correction. Hard copy's are available to trained staff to record glucose readings dose and times. Quilty Managment Metting was held 01/23/2025 to insure physician's orders are followed by staff Administer will hold monthly meetings ensure detections on medication Documation are followed.

Residents #4 aripiprazole and pregabalin was ordered 01/07/2025 and delivered

**187d - Follow Prescriber's Orders (continued)**

01/07/2025. Medication aripiprazole and pregabalin were administered to resident #4 8am 01/08/2025. Quilty Management Meeting 01/23/2025 was held trained staff was retrained on medication administration and following physician's orders. Monthly meetings will be held with administrator on medication administration to ensure direction are followed.

Licensee's Proposed Overall Completion Date: 01/31/2025

Implemented ( [REDACTED] - 03/12/2025)